


STATE OF HAWAII  
NOTICE OF AND REQUEST FOR EXEMPTION  
FROM CHAPTER 103F, HRS

'14 JAN 27 A9:15

To: Chief Procurement Officer

STATE PROCUREMENT OFFICE  
STATE OF HAWAII

From: Department of Health/Adult Mental Health Division/Hawaii State Hospital   
*Department/Division/Branch or Office*

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):  
Provide treatment services and custody for one or more high-risk, very dangerous patients in a safe, "locked" environment designed for such patients. Services will include all the usual and customary skilled nursing facility services for adults including, but not limited to, reasonable access to required medical services, covered mental health services, medical record continuity within industry standards, detention services, dental services, vision services, hearing services, up-to-date psychopharmacology, transportation if needed to off-site services, and bilingual/bicultural programming.
2. Provider Name and Address:  
GEO Care Inc.  
Columbia Regional Care Center  
7901 Farrow Road  
Columbia, South Carolina 29203-3220
3. Total Contract Funds: \$653,000 (estimated)  
Contract Funds per Year (if applicable): \$326,000/\$327,000
4. Reference number of Previous Request for this Service (if applicable): PEH No. 12-27
5. Term of Contract: Start: 3/01/14  
End: 2/29/16
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:  
Services continue to be needed for one or more patients who need to be cared for at a "forensic hospital type" correctional facility providing mental and physical health services, and not at an "acute psychiatric hospital type" clinical facility like the Hawaii State Hospital (HSH). One such patient has been court ordered to GEO Care, Inc's. Columbia Regional Care Center.  
  
The mainland facility offers the patient and similar patients an environment where they may be given opportunities to develop relationships based on their current behaviors versus what hospital staff expect of them based on past experiences at the HSH, and either real or sensationalized descriptions or perceptions. It is the opinion of the hospital staff that the patient and similar patients would be better managed out of the State of Hawaii in a facility specifically designed to better meet the needs of patient(s) while creating a safer environment for other patients in the HSH, the HSH staff, and the patient himself.

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7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:

Besides the selected provider, the patient profile was also presented to two other "forensic type" correction facilities that the HSH had been able to identify. These facilities are located in Florida and Missouri and both facilities have declined this patient. There are no "forensic type" correctional facilities in Hawaii capable of addressing this patient's or similar patient's psychiatric, medical, behavioral and security needs. Future patients that have similar psychiatric, medical, behavioral and security needs will be housed at this facility. This will make it more manageable and economical for the Department to monitor and track patient's special needs and care.

The cost will be approximately \$163,000 per consumer for the first year; approximately \$163,500 per consumer for the second year.

8. Describe the state agency's internal controls and approval requirements for the exempted procurement: Service and administrative requirements under the contract shall be monitored through AMHD's regular oversight and monitoring procedures.

9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Amy Yamaguchi, Public Health Administrative Officer (PHAO)  
Enid Kagesa, AMHD Contracts Coordinator

- |  |                              |
|--|------------------------------|
| 10. Direct questions to (name & position): | Amy Yamaguchi, PHAO          |
| Phone number:                              | (808) 586-4682               |
| e-mail address:                            | amy.yamaguchi@doh.hawaii.gov |

**I certify that the information provided above is to the best of my knowledge true and correct.**

  
\_\_\_\_\_  
*Department Head Signature*

1/24/14  
\_\_\_\_\_  
*Date*

Gary L. Gill  
\_\_\_\_\_  
*Typed Name*

**NOTICE**

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: \_\_\_\_\_, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

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**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

This approval is for the procurement process only. Service provider(s) are required to be compliant with applicable laws, and verified on the Hawaii Compliance Express, if applicable. This award is required to be posted on the Awards Reporting System. If there are any questions, please contact Corinne Higa at 587-4706, or corinne.y.higa@hawaii.gov.

☒ **APPROVED**    ☐ **DISAPPROVED**    ☐ **NO ACTION**

  
\_\_\_\_\_  
Chief Procurement Officer Signature

2/26/14

\_\_\_\_\_  
Date

Please ensure adherence to applicable administrative requirements.